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RECOMMENDATION OF THE EXECUTIVE DIRECTOR FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS IN THE AFRICA REGION INVOLVING AN ANNUAL PLANNING LEVEL OF $1 MILLION OR LESS*

SUMMARY

This document contains recommendations for funding from general resources and supplementary funds for country programmes where the annual planning level is $1 million or less. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Gabon	2 250 000	294 000	1993-1995

* In order to meet documentation deadlines of the Board, this document was prepared before aggregate financial data were finalized. The necessary adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the summary of 1993 recommendations for general resources and supplementary funding programmes (E/ICEF/1993/P/L.2 and Add.1).

GABON

Basic data (1991 unless otherwise stated)

U5MR: 161	Child population (0 to 15 years): 0.5 million
IMR: 91	Literacy (1990): ../..
Low birthweight (per cent moderate/severe):	(Per cent men/women): 74/49
MMR (1983): 190	Primary school enrolment
GNP per capita: $3 780	(Per cent boys/girls): ../..
	Number of those enrolled in 4th level (per cent) (1988): 56
	Access to safe water (1988): 68 per cent
	Access to health services (1983): 90 per cent

One-year-olds immunized against:

Tuberculosis: 92 per cent
Diphtheria/pertussis/tetanus: 70 per cent
Measles: 61 per cent
Poliomyelitis: 21 per cent

Pregnant women immunized against:

Tetanus: 72 per cent

The situation of children and women

1. Gabon, with 42 per cent of its population of 1.2 million between 0 and 15 years old, is a country endowed with substantial national resources. Although this immense potential has led to a gross national product (GNP) per capita of over $3,000, it has had little influence on the level of human development. According to the human development index, Gabon ranks 43 points lower than it would if measured by its per capita GNP alone.

2. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) of 91 and 161 per 1,000 live births respectively, although relatively low, are still higher than those of Congo and Cameroon, both considered middle-income countries. In 1991, 11.3 per cent of infants born alive weighed less than 2,500 grams. In 1983, the maternal mortality rate (MMR) was estimated at 190 per 100,000 live births. These indicators, while surprising in so rich a country, can be explained essentially by an inefficient income distribution policy, a lack of motivation among personnel in the public sector and failure to gear national strategies towards improvement in the quality of social services.

3. Nevertheless, the improvement in immunization coverage has resulted in a significant reduction in deaths specifically related to measles. The other diseases targeted by the expanded programme of immunization (EPI) have also greatly diminished, and neonatal tetanus and poliomyelitis have been practically eliminated. However, the success of EPI should not mask the persistent public health problems affecting children, such as dehydration caused by diarrhoea, malaria and the outbreak of an epidemic of acquired immune deficiency syndrome (AIDS). Despite Gabon's adherence to the primary health

care (PHC) strategy, it must be acknowledged that the primary health services are no longer able to offer high-quality care, in particular because of the almost general shortage of essential drugs and the difficulties in financing the National Social Security Fund.

4. With regard to basic education, primary school enrolment rose considerably between 1960 and 1988, at an annual rate of 4.9 per cent. Despite a high enrolment rate (nearly 100 per cent in primary school), the education system accomplishes little in terms of quality. Repetition rates remain high: out of 1,000 pupils enrolled for the first time in the first-year preparatory course, 51 per cent become repeaters. Fewer than 4 per cent of primary school pupils obtain their certificate of primary studies after six years of schooling. Furthermore, pre-school education is still largely undeveloped, and is limited in most cases to a few facilities in urban areas.

5. Little information is available on the nutritional status of pre-school children in Gabon. The most recent data indicate that 89 per cent of children between 0 and 3 years of age meet established norms for body weight. One of the major causes of malnutrition in Gabon appears to be related to the frequent practice of premature weaning.

6. When access to safe drinking water is viewed in the light of per capita GNP, Gabon ranks among the least advanced of the developing countries. Compared to Jamaica (100 per cent), Djibouti (82 per cent) and middle-income countries, the 68 per cent rate of access of the Gabonese population remains quite low. There is also wide disparity between rural and urban areas, with rates of access of 34 per cent and 75 per cent respectively. Moreover, fewer than 40 per cent of households have latrines and facilities for household garbage disposal.

Programme cooperation

7. Cooperation between Gabon and UNICEF dates back to the early 1960s when assistance was provided through the Gabonese programmes to combat yaws, leprosy and malaria. During the 1970s, a period of extraordinary economic growth, UNICEF discontinued its aid programmes in Gabon in order to focus on countries with greater needs. However, in the mid-1980s, the Gabonese Government solicited the help of UNICEF and other donors in two areas affecting child survival: immunization and control of diarrhoeal disease (CDD). Although there was no regular country programme and local support structure, UNICEF nevertheless was able to support the Government of Gabon out of the office for the Brazzaville region (Congo), thanks to supplementary funds obtained from the interregional fund for programme preparation, promotion and evaluation, provided by the Canadian Public Health Association and Rotary International.

Health

8. EPI has been supported by UNICEF since 1986. The results have been excellent: in 1990, Gabon achieved the objective of universal child immunization (UCI), with a coverage rate exceeding 75 per cent, because of the increase in the number of permanent (fixed) vaccination centres and the progressive abandonment of mobile teams. The number of measles cases has declined considerably and the eradication of neonatal tetanus and poliomyelitis

may be achieved within the next 10 years. EPI in Gabon depends greatly on external technical and financial assistance. UNICEF furnishes the bulk of requirements in health supplies and equipment, while the Government principally provides the salaries of the vaccination workers.

9. UNICEF support for the national CDD programme began in 1988. Despite intensive management training for CDD programmes at the central and provincial level, the results are less gratifying than those for EPI.

10. Since 1991, Gabon has been among the 12 pilot countries for the launching of the baby-friendly hospital initiative. The breast-feeding situation is a cause for concern, especially in urban areas. Gradual abandonment of exclusive breast-feeding and use of breast milk substitutes are the combined result of ubiquitous and aggressive publicity promoting artificial feeding, lack of information among health care workers on the advantages of breast-feeding, and a legal vacuum regarding protection of maternal nutrition and the regulation of the breast milk substitute industry.

11. The launching of the initiative in Gabon involved converting the two main hospitals in the capital (Libreville) into baby-friendly hospitals. At the same time, a decision to prohibit the free or subsidized distribution of breast milk substitutes in hospitals and maternity centres was taken by the Minister of Public Health and Population. The revised Gabonese code for the marketing of breast milk substitutes was finalized, and a national policy was formulated for the encouragement of breast-feeding, together with a plan of action for its implementation.

Lessons learned

12. The results produced by the various projects have been directly affected by the absence of UNICEF operational capacity in Gabon. The management of projects by the Brazzaville office depends largely on visits to Gabon by programme managers from the Brazzaville office, which can only be periodic. Recent experience has shown that the presence of UNICEF is essential to ensure that more attention is paid to the needs of children if the country is to reflect a clearer conception of the implications of development with a human face. That objective demands an analysis of the situation of children and women and the resulting advocacy activities will be instrumental in promoting the formulation of a programme of national action in behalf of children.

13. The allocation of resources in health or education sectors tends to favour the higher levels (hospitals, universities) to the detriment of basic health centres and primary schools. An analysis of the performance of these different sectors indicates that the budgets that have been approved must be restructured with proper weight given the allocation of resources to vulnerable groups. As in the case of other countries, the principles of the Bamako Initiative and the recommendations adopted at the end of the World Conference on Education for All will be adapted to the Gabonese situation.

Estimated annual expenditure

(in thousands of United States dollars)

General resources	1993	1994	1995	Total
Health	415	428	448	1 298
Advocacy	66	77	51	194
Programme support	269	245	251	765
Subtotal	750	750	750	2 250
Supplementary funding				
Health	127	-	-	127
Advocacy	15	-	-	15
Subtotal	142	-	-	142
Total	892	750	750	2 392

Objectives of programme cooperation

14. The long-term objective of the proposed programme cooperation is to improve the chances of survival and enhance the physical and intellectual development of Gabonese children and at the same time provide for the welfare of mothers. In order to attain those objectives for the period 1993-1995, Gabon will focus on activities aimed at: (a) reducing the under-five mortality rate (U5MR) from 161 to 123 per 1,000 live births, the infant mortality rate (IMR) from 91 to 80 per 1,000 live births and the maternal mortality rate (MMR) from 190 to 130 per 100,000 live births; (b) enabling all women to breast-feed their children exclusively for 4 to 6 months and to continue to breast-feed them while providing supplementary food for a good part of the second year; (c) conducting an advocacy campaign designed to give more emphasis to the problems affecting children and women in national development strategies.

Strategies

15. The general strategy is based on the methods recommended for attaining the objectives of the Plan of Action of the World Summit for Children and ensuring the implementation of the Convention on the Rights of the Child. It takes into account the current social policies in Gabon and UNICEF's medium-term plan. It targets the priority problems affecting children and draws on experience derived from current cooperation activities.

16. The proposed programme cooperation involves advocacy in favour of incorporating the social dimension of development into all short and medium-term national plans in implementation of the International Development Strategy proposed for the Fourth United Nations Development Decade. The strategy that

is followed will promote the utilization of basic services and of techniques adapted to Gabon's socio-cultural conditions which are effective and accessible to as many people as possible. Planning and management of basic services will be rationalized and decentralized. In this process, priority will be accorded to strengthening national institutional and operational capacities, since that will determine the long-term viability of the activities initiated.

17. During the period 1993-1995, cooperation between UNICEF and the Gabonese Government will aim to consolidate ongoing projects and to create an institutional climate favouring the formulation of a full-scale programme of cooperation for the period 1996-2000. To this end, the proposed programme of cooperation consists of activities in the fields of health and advocacy within the overall framework of efforts to strengthen national capacity for social planning to benefit children and women.

Health

18. The objective of the project to support EPI is to increase coverage among one-year-old children and anti-tetanus vaccination coverage among women of child-bearing age, and to maintain it at a level of 90 per cent. Consequently, this project will directly help to eradicate poliomyelitis and eliminate neonatal tetanus. Accessibility will be strengthened by maintaining fixed vaccination centres, pressing forward with advanced activities in rural areas and supporting mobile teams. The level of utilization and coverage will be increased by making vaccinations available in fixed centres on a continuous, organized and universal basis and by keeping the general public, in particular mothers, informed.

19. The project to support the CDD programme aims to reduce by 30 per cent the rate of diarrhoea-related mortality among children under the age of five. UNICEF support will make it possible to increase the use of oral rehydration therapy through the administration of oral rehydration salts in oral rehydration units and sugar-salt solution as the first indicated treatment in the home. As in the case of EPI, UNICEF support will aim to improve access, level of utilization, proper case management to strengthen epidemiological surveillance and to promote a decentralization of the system for managing the CDD programme.

20. The project to support the implementation of the baby-friendly hospital initiative aims in the medium term to strengthen the practice of exclusive breast-feeding of children under the age of 4 months throughout Gabon. The strategy of the project comprises three essential areas, namely:
(a) conversion of all hospitals in Gabon into baby-friendly hospitals over a period of three years; (b) establishment of an appropriate legal and administrative framework and allocation of sufficient budgetary resources for an effective implementation of national policy on breast-feeding and the national code for the marketing of breast milk substitutes; and (c) the dissemination of information about breast-feeding through the appropriate media.

Advocacy

21. As part of this programme, an advocacy project will be developed to promote greater awareness and respect for the rights of the child based on a better understanding of the real life of children and women in Gabon and the factors influencing it. It will also aim, in conjunction with the United Nations Development Programme, to create the conditions for effective support of human development objectives by restructuring budgets to emphasize social priorities. It will advocate a redirection of national development strategies towards more appropriate basic services.

22. The project will also encourage a strengthening of national capacity in the area of social planning to benefit children. Several types of activity are included in this project, the objectives of which are: (a) ratification of the Convention on the Rights of the Child, the first objective of this advocacy project; once achieved, this ratification should be translated into legislation and action; (b) an analysis of the situation of children and women in Gabon on which to base a decision regarding the scope of the activities to be pursued as part of a national plan of action for children, making children the focus of development concerns; the analysis will also constitute an essential instrument for the preparation of the programme of cooperation for 1996-2000; (c) consideration of ways and means to rationalize the health system by adapting the principles of the Bamako Initiative and taking the first steps towards developing an appropriate institutional and operational framework; (d) consideration of primary education, at the national level, based on the recommendations of the Jomtien World Conference on Education for All.

Programme support

23. UNICEF will ensure that the administrative and technical staff required for the effective management of its cooperation with the Government are present in Gabon. Liaison will be maintained with the Brazzaville office and relations with the regional office at Abidjan will be strengthened. The cost of those arrangements will be paid by UNICEF, except for operating expenses (water, gas, electricity, telecommunications) which will be the responsibility of the Government, and expenses related to the technical and logistical support required for certain programmes and projects, which will be charged to the programme budget.

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES FOR PROGRAMMES IN THE ASIA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1,000,000*

SUMMARY

The present document contains recommendations for funding from general resources for programmes with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, for the country programmes listed below.

Country/programme	Amount (United States dollars)	Duration
Democratic People's Republic of Korea	5 000 000	1994-1998
Malaysia	2 250 000	1994-1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

I. DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	7.3
U5MR (per 1,000 live births)	34
IMR (per 1,000 live births)	25
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	41
Literacy (%, male/female) (1990)	../..
Primary school enrolment (%, net, male/female) (1987)	../..
Percentage of grade 1 reaching grade 4 (1988)	..
Access to safe water (%)	..
Access to health services (%) (1987)	..
GNP per capita	a/

One-year-olds fully immunized against:

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	90 per cent
measles:	96 per cent
poliomyelitis:	98 per cent

Pregnant women immunized against:

tetanus:	99 per cent

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a/ GNP per capita is estimated to be in the $500-$1,499 range.

The situation of children and women

1. The Democratic People's Republic of Korea has a population of approximately 20 million. Over 80 per cent of the land is mountainous and only a small proportion is suitable for agriculture. The population growth rate reached a peak of 3.8 per cent in 1970, but had declined to 1.6 per cent by 1990. Approximately one quarter of the country's population live in the largest four cities, including the capital, Pyongyang.

2. The national philosophy of "Juche" (self-reliance) has helped to develop a relatively autonomous economy, using domestic natural resources. The country has industrialized rapidly since the end of the devastating Korean war, and by 1991, gross national product (GNP) per capita was estimated to be the equivalent of $986.

3. There are an estimated 2.4 million children under five years of age, accounting for 11 per cent of the population. According to government data, the infant mortality rate (IMR) declined from 37 per 1,000 live births in 1960

to 9.8 per 1,000 live births in 1986, and the under-five mortality rate (U5MR) is estimated at 5.8 per 1,000 live births. According to government sources, 99 per cent of the population have access to health services. The leading causes of infant mortality include diarrhoeal diseases and respiratory infections, particularly during the winter months. Immunization coverage of over 90 per cent for all vaccines among children aged five years was achieved during 1989-1990. Although the immunization schedule does not follow World Health Organization (WHO) recommendations, reported cases of the six vaccine-preventable diseases are rare. All vaccines are produced in-country, but the quality needs to be improved. Vaccine cold chain and facilities to provide efficient immunization services remain inadequate.

4. Some 70 per cent of mothers of young children are in the formal labour force. Nurseries provide comprehensive care for children from three months to four years of age. The remaining 30 per cent of mothers also send their children to nurseries to benefit from the opportunity for early childhood development. Breast-feeding for the first three months of an infant's life is virtually universal. However, breast-feeding does not usually begin immediately, since newborns are separated from their mothers for up to 24 hours after birth. After three months of maternity leave, mothers continue to breast-feed at nurseries and crèches attached to the workplaces.

5. The overall nutritional status of infants from three to five months of age compares favourably with the WHO reference standard. Child growth, however, starts to slow from six months of age. This is linked to inappropriate nutritional intake during weaning and persists through the post-weaning period. Survey findings show that children in mountainous areas are less well-nourished than those from the cities. Although nationwide data are not available, surveys in a semi-mountainous area indicated overall goitre prevalence at 14.7 per cent.

6. Almost all four- and five-year-old children are enrolled in the country's 16,000 pre-schools, the second year of which is compulsory. Pre-school education introduces children to nature and society and provides a basis for future education. The Government has recognized the need to improve pre-school standards, including the content, teaching materials and, of first priority, teacher training.

7. Starting in 1972, 11 years of education became compulsory. Current enrolment in the primary and secondary levels is 100 per cent, and the focus is now on improving quality. In remote rural areas, the Government has established 1,600 "branch" schools with from 2 to 40 pupils and up to three teachers each. The isolation of branch schools adds constraints to children's social and intellectual development. Branch schools are also at a disadvantage with regard to improving facilities and obtaining budget allocations, resulting in an inability to keep standards of education abreast with those of urban areas. According to government sources, the literacy rate is 100 per cent.

Programme cooperation, 1990-1993

8. The second country programme for the Democratic People's Republic of Korea was approved by the Executive Board in 1990 for three years, 1990-1992

(E/ICEF/1989/P/L.15). The main objectives of the programme were to achieve universal immunization coverage by 1990; to improve the quality of combined diphtheria/pertussis/tetanus (DPT) vaccines; and to determine the nature of childhood malnutrition in mountainous areas. The "bridging" programme recommended for 1992-1993 (E/ICEF/1992/P/L.42) was approved by the Executive Board in 1992, extending the country programme by one year.

Health

9. The primary objective was to improve the quality of DPT vaccines in order to reach the standards established by WHO. Training was a major activity, along with a large investment in production equipment. Since 1991, consultancy services have also been provided for improving manufacturing practices. It is expected that by March 1993, improvements in the production of DPT vaccines will be complete, and the vaccine will be submitted to WHO for independent testing. If low quality persists, appropriate assistance will be provided to overcome the problem.

10. UNICEF assistance to the expanded programme on immunization has included the provision of cold-chain equipment for two counties in addition to some of the needs at the national level. The first joint WHO/UNICEF international review of immunization services was carried out in 1992 in collaboration with the Ministry of Public Health. The review confirmed that childhood immunization coverage is very high for children under two years of age. Coverage with tetanus toxoid is extraordinarily high in some areas, ranging from 100 per cent for the first dose to 96 per cent for the fifth dose. Reported cases of the six target diseases are now rare. Programme goals for immunization should now be based on disease reduction and elimination.

11. A national edition of Facts for Life was initiated in 1991 under the aegis of the Ministry of Public Health. A multisectoral working group has completed a Korean version, 30,000 copies of which have been printed. This document is now being distributed throughout the country.

Nutrition

12. In 1991-1992, a survey to assess the nutritional status of children in remote rural areas was carried out among children under six years of age in Hyangsan county. Through conducting the survey and through training at the Mahidol University in Thailand, personnel from the Institute of Child Nutrition improved their skills in biochemical analysis and data management. Consultancy services provided further training on data analysis and recommendations for future interventions.

13. The concept of the "baby-friendly" hospital initiative was introduced in 1992 to further strengthen breast-feeding practices. The Vice-Minister of Public Health and a study group of senior paediatricians, obstetricians and hospital staff visited "baby-friendly" hospitals in Thailand. Existing procedures will now be reviewed.

Education

14. UNICEF has supported improvements in the management of branch schools by funding a study group to Australia to learn about multi-grade teaching in small, remote schools. Workshops were subsequently held in the Democratic People's Republic of Korea to share the experience with other educators. In addition, a trial project using video to strengthen the teaching in branch schools has been implemented and has been found to have a useful impact. Approximately 20 per cent of branch schools now have video cassette players. Consultancy services in 1992 recommended further improvement in teaching methods and the quality of video teaching materials.

15. Subsequent to the active participation of the Democratic People's Republic of Korea in the World Conference on Education for All, further development of the methods and content of pre-school education has taken place. A technical consultative meeting on early child stimulation, development and education was held in Pyongyang in late 1991. A study tour to China and Singapore was made to demonstrate the important role of the community and parent participation in early childhood development.

Social mobilization and advocacy

16. The Convention on the Rights of the Child was ratified by the Government in September 1990, and the Government is due to report to the Committee on implementation of the Convention in early 1993.

Recommended programme cooperation, 1994-1998

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994	1995	1996	1997	1998	Total
Health	250	250	250	250	250	1 250
Nutrition	250	250	250	250	250	1 250
Education	200	200	200	200	200	1 000
National capacity-building	100	100	100	100	100	500
Programme support	200	200	200	200	200	1 000
Total	1 000	1 000	1 000	1 000	1 000	5 000

Country programme preparation process

17. Preparation of the new country programme began in December 1991 with the situation analysis of children and women, prepared jointly by the Government and UNICEF. The situation analysis and a proposed country programme strategy

were reviewed at several meetings in Pyongyang and Bangkok, Thailand, between senior government officials and UNICEF staff from the UNICEF area office at Bangkok, the UNICEF Regional Office for East Asia and the Pacific at Bangkok and UNICEF headquarters at New York in 1992.

18. Programme objectives. The national programme of action (NPA) has outlined the following goals for the year 2000: (a) to reduce mortality from diarrhoea and pneumonia by one half; (b) to eliminate neonatal tetanus, eradicate poliomyelitis and improve immunity against measles in infants; (c) to improve and strengthen breast-feeding and weaning practices; (d) to enhance parents' knowledge of child health and nutrition; (e) to reduce the prevalence of micronutrient deficiencies; and (f) to improve the quality of pre-school and primary education, with a special emphasis on branch schools in remote mountain and island areas. The objective of the proposed country programme is to assist the Government in achieving the goals by providing support to capacity-building and service delivery.

19. Programme strategy. The following major strategies will be applied during the proposed programme period: (a) all cooperation will focus on achieving the NPA goals; (b) the needs of children will be directly addressed and served; (c) special attention will be given to families and children who are relatively underserved in rural and remote mountain areas; (d) the knowledge and skills of parents will be enhanced; and (e) the technical and managerial capacities of those most closely involved with programme implementation and monitoring will be strengthened.

Health

20. Improvements will be made in the effectiveness of immunization services through the use of high-quality vaccines, particularly for measles and poliomyelitis; strengthening of the cold chain; and training in programme management, disease surveillance, neonatal tetanus elimination and monitoring/evaluation. Support will also be provided for educational efforts to improve parental knowledge of the benefits of immunization. Annual internal programme reviews will be instituted and a second international comprehensive programme review will be held in 1996.

21. A national strategy for the control of diarrhoeal diseases and acute respiratory infections (ARI) will be developed. This will include improving the knowledge of parents on the prevention of ARI and diarrhoeal diseases and strengthening the skills of health workers in treating and managing diarrhoea and pneumonia. Project activities will include upgrading the training curriculum of basic health workers and organizing refresher training courses.

22. Coordination with the United Nations Development Programme, the United Nations Population Fund and WHO will be maintained in the integrated primary health care (PHC) project in Hyangsan county supported by four agencies, including UNICEF.

Nutrition

23. The objective will be to review and strengthen national policies and procedures in maternity wards, nurseries, workplaces and the home. This will

be achieved by encouraging "baby-friendly" hospitals and by further extending the concept to the workplace through the training of hospital and nursery staff in the practical aspects of breast-feeding management. A pilot project to improve the nutritional value of weaning food will be undertaken, based on a review of locally available weaning food.

24. Activities for the control of iodine deficiency disorders (IDD) will focus on developing a programme strategy to deliver services to selected groups and assessing the impact of these services. Subject to a positive outcome, additional survey work to map the extent of the IDD problem in less accessible mountainous areas will be undertaken.

Education

25. Branch school education will be strengthened through a programme for multi-grade teachers to improve teaching methods, including revision of the curriculum and textbooks and in-country study visits to model schools. The use of video will be expanded and the quality of productions improved, following an assessment of the experience gained.

26. The approach to pre-school education will be modified to enhance the role of parents in early childhood development, with greater emphasis on the participation of parents in early learning, recognizing that the school and the home play a vital role in the child's development.

27. The quality of primary and pre-school teachers will be improved through the strengthening of teacher-training colleges and in-service training centres. The study of experience in other countries, the assessment of learning achievement and the testing of teachers' qualifications will be carried out. Technical support from the United Nations Educational, Scientific and Cultural Organization (UNESCO) will be used for these teacher-training activities.

National capacity-building

28. A principal element of all programme activities will be the strengthening and upgrading of the technical and managerial skills of the country's professionals through institutional contacts and applications and adaptations of appropriate, relevant technologies, particularly from other Asian countries. Wherever possible, longer-term links will be made with appropriate institutions and organizations in the region to promote the transfer of technical and managerial knowledge.

Planning, monitoring and evaluation

29. UNICEF will participate in meetings of the Democratic People's Republic of Korea Coordinating Committee for UNICEF and counterpart ministries, and will be kept informed of programme developments. In the fourth quarter of each year, a joint Government/UNICEF review of all projects will be conducted and project plans of action for the coming year will be agreed upon. Reprogramming and adjustments to future plans will be made as necessary.

Programme support and management

30. Programme coordination will be maintained by the UNICEF area office at Bangkok, headed by the director of the area office and staffed by a project officer (L-4), a Junior Professional Officer (JPO) (P-2) and a secretary to administer the programmes in the Democratic People's Republic of Korea, and through a UNICEF liaison office to be established in Pyongyang, subject to mutual agreement between the Government and UNICEF. Collaboration with other international agencies will be pursued to ensure complementarity of inputs and to maximize programme impact. Close cooperation will be maintained, especially with WHO in the immunization and PHC programmes, and with UNESCO in education.

II. MALAYSIA

Basic data (1991 unless otherwise stated)

Child population (millions, 0-15 years)	8.0
U5MR (per 1,000 live births)	20
IMR (per 1,000 live births)	15
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1981)	59
Literacy (%, male/female)	87/70
Primary school enrolment (%, net, male/female)	../..
Percentage of grade 1 reaching grade 4 (1988)	98
Access to safe water (%) (1990)	79
Access to health services (%)	..
GNP per capita	$2,490

One-year-olds fully immunized against:

tuberculosis:	99 per cent (1989)
diphtheria/pertussis/tetanus:	91 per cent (1990)
measles:	90 per cent (1990)
poliomyelitis:	90 per cent (1990)

Pregnant women immunized against:

tetanus:	54 per cent (1989)

31. The 1989-1993 programme of cooperation for Malaysia was approved by the UNICEF Executive Board in 1989 and extended in 1992, with a total allocation of $2,750,000 in general resources (E/ICEF/1989/P/L.20 and E/ICEF/1992/P/L.42). A country programme proposal is hereby submitted to the Executive Board for funding from general resources in the amount of $2,250,000 for the period 1994-1996, subject to the availability of funds. This proposed programme is expected to conclude UNICEF funding support to the Government of Malaysia and to prepare the groundwork for a new form of cooperation with Malaysia as a newly industrializing country in Asia.

The situation of children and women

32. Since 1970, Malaysia has experienced almost uninterrupted economic growth, averaging 7 per cent per annum. At the same time, the country has seen substantial improvements in most social and quality-of-life indicators. The population of 17.6 million now has an annual per capita income of $2,600. During the last 20 years, the proportion of people in poverty has been reduced from 42 to 17 per cent, and the number of poor households has declined from 976,000 to 649,000. The number of very poor, those with less than 50 per cent of the poverty line income, was reduced from 452,000 in 1976 to 143,000 in 1990. The strong economy has caused labour shortages in primary industries, prompting an influx of unskilled workers from neighbouring countries, and has accelerated urbanization. The national debt is equivalent to 4.5 per cent of GNP, one of the lowest in South-East Asia.

33. Government data indicate that IMR has fallen from 24 to 13 per 1,000 live births during the decade 1980-1990. There remain variations among states. In Sabah, for example, which has a high proportion of immigrants, many illegal, IMR was estimated to be 18 per 1,000 live births in 1989. The country achieved universal child immunization (UCI) in 1990 and has seen substantial reductions in the incidence of vaccine-preventable diseases.

34. Government sources estimate that U5MR has fallen from 4 per 1,000 live births in 1970 to 1 per 1,000 in 1989. Hospital data show pneumonia to be responsible for 7 per cent and diarrhoea for 4 per cent of deaths among children under 12 years of age. Respiratory infections and accidents are among the main causes of hospitalization of children.

35. Basic health care and primary education are available to the overwhelming majority of the population, although access to basic services is still limited for some people as well as for groups with special needs. Based on government sources, access to health services is estimated at 70 per cent for Sabah and Sarawak, with 95 per cent access for the peninsula. Severe protein energy malnutrition is rare. Breast-feeding is initiated by 96 per cent of Malays, but by only 45 per cent of ethnic Chinese. The better-educated and middle-income women are less likely to breast-feed. Endemic goitre has been documented in Malaysia for over 60 years and remains a serious local problem, particularly in Sarawak.

36. Government sources indicate that the maternal mortality rate (MMR) has declined from 148 per 100,000 live births in 1970 to 20 per 100,000 live births in 1989. Considerable interstate variations exist. The main causes are haemorrhage during pregnancy and eclampsia, suggesting that improvements can be made through better identification and management of high-risk pregnancies. The number of newborns weighing less than 2.5 kilograms declined from 10 per cent in 1980 to 8 per cent in 1990. Government data indicate that 70 per cent of pregnant women are immunized against tetanus.

37. The difficulties confronting both parents and children in coping with the stresses of moving from a rural, traditional community sheltered by an extended family into an urban, industrial environment supported by, at best, a nuclear family, often with both parents working, is a contemporary concern. Increases

in delinquency and child abuse are examples of the negative consequences of rapid socio-economic change. To reduce this negative aspect of development, the Government promotes healthy family and social values by encouraging the concept of a "caring society".

38. Government sources indicate a literacy rate of 87 per cent for males and 64 per cent for females. By 1990, Malaysia had already reached universal primary education, with a participation rate of 99 per cent. Participation in lower secondary education is 90 per cent, and while the quality of primary education has improved considerably, there is concern that the standards of mathematics and Malay are not keeping pace with other subjects. Pre-school education is provided by several government agencies, complemented by private and voluntary centres. Only about one half of children aged four to six years enjoy pre-school education. This is a matter of concern, particularly as they are more likely to be urban children with better-off parents. The Government is expanding the network of pre-schools, with the emphasis on rural and poor urban areas.

Programme cooperation, 1990-1993

39. Malaysia achieved UCI in 1990 and has maintained high coverage levels through 1991 and 1992. UNICEF assistance to the immunization programme included the strengthening of the cold chain and the funding of local workshops to increase coverage with measles and tetanus toxoid vaccines.

40. Breast-feeding is being promoted through the "baby-friendly" hospital initiative and complementary media and education activities. A core of trainers has been established and hospitals have been selected for intensive development to achieve "baby-friendly" status. A revised code of ethics to regulate the marketing and distribution of infant formula will be enforced in 1993.

Education

41. Cooperation in education began following the World Conference on Education for All in 1989, and support has been provided to improve the curriculum and training of pre-school teacher trainers. Study visits to Asian countries have been arranged for educators and trainers to observe other teaching methods and management systems. The Ministry of Education is currently evaluating the impact of pre-school education.

42. Having achieved universal enrolment in primary school, the emphasis is now on improving the quality of teaching. Studies on methods to improve the peer supervision of Malay language teachers and on the use of video to strengthen the teaching of mathematics have been funded by UNICEF. In addition, research is under way to evaluate the usefulness of value education, introduced in 1982.

Social welfare

43. Both government agencies and non-governmental organizations (NGOs) are addressing the problems of child abuse. UNICEF has supported studies dealing with the causes of child abuse and the response of the social services to each

case. UNICEF is also facilitating the sharing of Malaysia's experience in child abuse with other countries.

44. An NPA in support of the World Declaration on the Survival, Protection and Development of Children has been prepared by the Government, with the active involvement of a large number of NGOs, professional organizations and universities. The present programme recommendation was developed jointly by the Government and UNICEF and also benefited from contributions from NGOs, professional bodies and universities.

Recommended programme cooperation, 1994-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1994	1995	1996	Total
Nutrition	220	190	170	580
Early child development	250	250	250	750
Disease elimination	100	100	40	240
Capacity-building	80	110	190	380
Programme support	100	100	100	300
Total	750	750	750	2 250

45. In line with the Second Outline Perspective Plan of the Government of Malaysia and the NPA, the goals for the year 2000 are: (a) to reduce IMR from 13 per 1,000 live births in 1990 to 9 per 1,000 live births; (b) to reduce MMR from 20 to 10 per 100,000 live births; (c) to reduce moderate and severe malnutrition among children under five years of age from 25 to 12 per cent and from 0.5 to 0.2 per cent, respectively; and (d) to improve the protection of children in especially difficult circumstances.

46. Within this framework, the proposed programme of cooperation will support the following objectives: (a) to further strengthen government capacity to plan, monitor and effectively implement policies and programmes for women and children, particularly in disadvantaged groups, for the achievement of the 1990s goals; and (b) to share Malaysia's experience in addressing the needs of children and women as part of social and economic development with other countries in Asia and other developing countries.

Programme strategy

47. The following strategy will apply to the programme of cooperation through 1996. The programme of cooperation will provide direct support to the needs of children, particularly underserved impoverished groups, by specifically

addressing problems identified through the situation analysis. Support will include operational research, technical support and capacity-building to strengthen government systems and NGOs in their ability to serve the needs of children. This will be balanced by sharing Malaysia's own experience with developing countries, particularly in Asia. The country programme will also aim to facilitate the mobilization of greater resources to address the needs of children and women, both in Malaysia and in developing countries around the world.

Nutrition

48. UNICEF will continue to support the conversion of hospitals into active promoters of breast-feeding through training, public information, continued advocacy and assessment of hospitals concerning the 10 steps to breast-feeding promotion. UNICEF will support the development of national capacity to identify and control IDD, including the training of health staff to effectively implement appropriate area-specific control strategies.

Health

49. The elimination of neonatal tetanus and the eradication of poliomyelitis are feasible goals for Malaysia. Based on operational research carried out in 1992-1993, the programme will strengthen and improve the sensitivity of surveillance mechanisms to rapidly detect and report any outbreak of these diseases. Support will also be provided to maintain a high level of immunization coverage.

50. Maternal mortality will be reduced through the identification of high-risk mothers and their close follow-up to ensure appropriate preventive care on an individual basis. In addition, maternal education will be strengthened to reduce maternal morbidity.

Early child development and education

51. UNICEF will continue to support the Ministry of Education in strengthening and improving the quality of the pre-school curriculum and the capabilities of pre-school teachers. Emphasis will be given to the rural and urban poor, those most disadvantaged in terms of access to pre-school education. Efforts will be made to strengthen the links between formal education and the home to enable children to develop their full potential.

52. Child abuse is a comparatively new area for UNICEF cooperation. UNICEF will assist with some applied research to determine the causes of child abuse, training for all involved sectors and networking. UNICEF will also actively promote and support Malaysia's leading role in dealing with the issue of child abuse in the region.

Capacity-building

53. This country programme will provide flexibility in funding in order to assist the Government and NGOs in developing responses to emerging issues that have a negative impact on women and children. Support will be provided to exchange experience, and for training and for seminars to enable Malaysian

professionals to rapidly acquire the expertise to mount appropriate interventions.

54. The Government will be assisted in monitoring the situation of children and women and in implementing the NPA. UNICEF will encourage and support activities for the research and monitoring of child-related issues as a basis for policy development, advocacy and NGO coordination.

55. Since this country programme is expected to be the last formal programme of cooperation between UNICEF and the Government of Malaysia, preliminary work will be undertaken to develop a new mechanism for a continuing cooperation in Malaysia. This could include the identification of a focal point to promote development education about children and to support UNICEF work around the world and the eventual formation of a UNICEF National Committee. Therefore, the fund-raising element of UNICEF work will become increasingly important.

Programme support and management

56. Programme coordination will be maintained by the UNICEF area office at Bangkok, headed by the director of the area office and staffed by a project officer (L-4), a JPO (P-2) and a secretary to administer the programmes in Malaysia and the Democratic People's Republic of Korea. Three General Service posts and a National Officer located in Kuala Lumpur are responsible for local programme administration and Greeting Card and related operations.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE MIDDLE EAST AND NORTH AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1,000,000*

SUMMARY

The present document contains the recommendation for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Palestinian children and women in Jordan	800 000	625 000	1994-1997

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

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PALESTINIAN CHILDREN AND WOMEN IN JORDAN

Basic data (1989 unless otherwise stated)

Child population (0-15 years)	113,000 (camps)
IMR (per 1,000 live births)	35/55 (camp/squatter areas)
U5MR (per 1,000 live births)	42/62 (camp/squatter areas)
Literacy (per cent, male/female)	90/72
GNP per capita (1990)	950
One-year-olds fully immunized against:	
tuberculosis:	97 per cent (1991)
diphtheria/pertussis/tetanus:	98 per cent
measles:	87 per cent
poliomyelitis:	98 per cent
Pregnant women immunized against:	
tetanus:	75 per cent

The situation of children and women

1. The total number of Palestinians in Jordan is estimated at 1.4 million. Of those, 972,400 are registered. Approximately 227,700 persons (28 per cent of those registered) are housed in 13 refugee camps, 10 "official" camps established in 1948 and 1967, and 3 "unofficial" camps established since 1967. A large population of low-income Palestinians, perhaps as many as 400,000, reside in underserved squatter areas and other poor quarters of Amman, Zarqa and the northern city of Irbid. The annual population growth rate is 3.5 per cent. Of the total population, 51.5 per cent are male and 48.5 per cent female; the average family size is seven persons.

2. Palestinians have been severely affected by Jordan's economic recession and the adverse economic effects of the Gulf crisis. In the four-year period from 1988 to 1991, the cost of living rose by 69 per cent, the dinar lost 50 per cent of its value and unemployment climbed to over 30 per cent. The situation worsened further following the Gulf crisis, as many Palestinian families relied heavily on economic activities linked with the Gulf countries. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) reported that Palestinians in need in Jordan increased more sharply in the 1990-1991 period than in any other period since the last major refugee wave in 1967. The decline in living standards, coupled with rapid urbanization and a breakdown in traditional extended family support networks, have placed a major strain on the social structure of the Palestinian community in Jordan.

3. The infant mortality rate (IMR) and under-five mortality rate (U5MR) in 1989 were 35 and 45 per 1,000 live births, respectively, in the Palestinian camps. Evidence from the Urban Development Department suggests that the rates are somewhat higher in mainly Palestinian, low-income squatter communities, and

in the overcrowded squatter areas of the Amman-Zarqa region; however, no comprehensive study on ARI has been undertaken. Immunization coverage in the camps is over 90 per cent for all antigens, but coverage among children in low-income squatter areas is thought to lag behind.

4. The maternal mortality rate (MHR) is estimated at 40 per 100,000 live births (1989), but accurate data are not available on the causes or extent of maternal mortality. Some 85 per cent of mothers residing in camps receive at least one examination during pregnancy, compared to 63 per cent in low-income areas outside the camps. In 1986, 51 per cent of camp deliveries and 26 per cent of deliveries in low-income Palestinian communities were performed by an untrained traditional birth attendant (TBA), a relative or the mother of the pregnant woman. A 1986 survey of camp dwellers revealed that over one third of women have an interval of one year or less between births and that nearly 60 per cent have 18 months or fewer. The fertility rate is estimated at seven, while the crude birth rate is 35 per 1,000. A 1990 national survey showed that 40 per cent of Jordanian couples were using some form of contraception, a rate thought to be representative of the Palestinian community.

5. A 1991 comprehensive nutrition survey revealed that 7.2 per cent of Palestinian children in Jordan under five years of age were chronically malnourished (stunted), 1 per cent were acutely malnourished (wasted) and 59 per cent were anaemic. Breast-feeding is practised by over 95 per cent of Palestinian mothers in Jordan, with the mean duration of breast-feeding among low-income, non-camp Palestinian women about 11 months. Surveys in low-income urban areas suggest sex differentiation in feeding habits: boy babies are breast-fed more than girls and are twice as likely to receive family food along with their mother's milk. UNRWA surveys reveal that one quarter of non-pregnant Palestinian women and 54 per cent of women in their third trimester of pregnancy are anaemic. The World Health Organization (WHO) and UNRWA estimate that 7.1 per cent of Palestinian babies in Jordan weigh less than 2,500 grams (1990), the highest incidence of low birth weight of all Palestinian refugee communities.

6. The enrolment rate of Palestinian children is approximately 91 per cent in primary school and 61 per cent at the secondary level. The elementary level student/teacher ratio in 1991/92 was 41:1. The literacy rate among Palestinians in Jordan was estimated at 81 per cent in 1990 (90 per cent for males and 72 per cent for females). Pre-school education is provided totally by private non-governmental organizations (NGOs). In 1991, there were 20 kindergartens and pre-school facilities in the camps - far short of demand. A 1986 study concluded that Palestinian children are under-stimulated in their communities and homes and that there is a large unmet need among refugee children for a stimulating play environment.

Programme cooperation, 1989-1992

7. UNICEF assistance to Palestinian children and women in Jordan began in 1980. Cooperation in its initial stages focused on providing assistance to UNRWA in the fields of immunization, the control of diarrhoeal diseases (CDD) and growth monitoring and was closely linked to parallel efforts at the national level. Major interventions included support to in-service training for UNRWA physicians and health workers, social mobilization and advocacy and the

provision of vaccines and syringes, cold-chain equipment, oral rehydration salts and other basic health supplies. The Palestinian programme was carried out largely in conjunction with UNRWA until 1984, at which time, in an attempt to reach low-income Palestinians residing outside the camps, UNICEF began compiling lists of, and establishing cooperative links with, many NGOs active in Palestinian communities.

8. Health education for low-income, non-camp Palestinian women became an increasingly important component of UNICEF cooperation in the mid-1980s. UNICEF successfully advocated for health education and outreach activities in urban squatter areas outside the camps; supported the training of the Ministry of Health, NGO and UNRWA community health workers (CHWs) in communication and outreach techniques; and assisted in the incorporation of health information into literacy and vocational training programmes for Palestinian women. The health component of UNICEF assistance was expanded in 1989 to include the control of ARI, maternal and child health (MCH) and the early detection of disabilities. As with the control of vaccine-preventable diseases and CDD, new efforts were closely linked to parallel efforts at the national level.

9. UNICEF assistance in 1989 expanded to include the areas of early childhood development (ECD) and formal education. Initial efforts in ECD centred on working with concerned NGOs in upgrading kindergarten facilities and in providing in-service training to kindergarten teachers. More recently, these efforts have placed increased emphasis on preparing mothers to meet more effectively the early development needs of their children. Efforts in formal education have centred on the development and implementation of the action oriented school health project in UNRWA basic-level schools. The project involves training teachers in innovative means of communicating basic, Facts for Life health messages to children and promotes the concept of children as "health extension workers" in their homes and communities.

Lessons learned

10. A clear lesson from programme experience is the need for active, innovative, programmatic approaches rather than traditional, supply- and procurement-oriented ones. It was clear from the outset of the programme of assistance to Palestinians in Jordan that UNICEF, with a budget of just $200,000 per annum, versus the UNRWA annual budget of $60 million to $70 million for Jordan alone, would have little impact acting solely in a traditional supply-oriented capacity. Hence, emphasis has been placed on working with UNRWA in such areas as the training of health workers and educators, social mobilization, the development of monitoring and reporting systems, and empowering families with basic skills and knowledge for better living.

11. There is a recognition of the importance of fostering close links between the Government of Jordan, in particular the Ministries of Health and Education, and UNRWA, so as to achieve better cooperation and coordination and to avoid duplication of services. In this regard, UNICEF was instrumental in setting up a steering committee in 1989 comprising UNRWA, NGOs and concerned government officials in the fields of both education and health. As a direct output of this committee, unified monitoring and reporting systems have been developed for the expanded programme on immunization, the control of ARI, CDD and safe motherhood; a unified training mechanism has been developed for both teachers

and health workers; and a unified system of community outreach has been developed for providing Palestinian mothers with health education.

12. UNICEF assistance is designed to serve the needs of non-camp Palestinians residing in squatter and poor areas of the Amman-Zarqa region and other major urban areas of the country. It had become clear that the most important UNICEF target group was not the camp Palestinians reasonably well covered by UNRWA services, but rather the large number of needy Palestinians living outside the camps and often not reached by either government or UNRWA assistance. As a means of reaching this target group, UNICEF has established cooperative links with over 40 local and international NGOs serving low-income Palestinian squatter areas.

Recommended programme cooperation, 1994-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1994	1995	1996	1997	Total
General resources					
Health	110	100	95	95	400
Education	50	55	50	40	195
Urban family	25	30	40	55	150
Programme support	15	15	15	10	55
Subtotal	200	200	200	200	800
Supplementary funding a/					
Health	-	100	95	95	290
Education	-	55	50	40	145
Urban family	25	30	40	55	150
Programme support	-	15	15	10	40
Subtotal	25	200	200	200	625
Total	225	400	400	400	1 425

a/ Not including funded supplementary funding of $775,000 for 1993 and 1994.

13. The 1994-1997 programme of cooperation for Palestinians in Jordan has been developed by UNICEF in close consultation with the Government of Jordan, UNRWA and numerous Palestinian NGOs and grass-roots organizations and reflects a common commitment to the priorities and strategies promoted by UNICEF for the

1990s. It falls within the framework of the national programme of action for the Palestinians in Jordan, Lebanon, the Syrian Arab Republic and the West Bank and Gaza. The programme of cooperation was developed taking into account the unique needs of a refugee population, with the aim of utilizing limited financial, human and institutional resources in such a way as to achieve maximum impact on the greatest number of persons. The programme will have three components - MCH, education and the urban family - and will be closely linked with, and be complementary to, the main UNICEF country programme in Jordan. The overall programme goals are: to reduce overall IMR from 35 to 25 per 1,000 live births and IMR in low-income squatter areas from 55 to 35 per 1,000 live births; to reduce MMR from an estimated 40 to 25 per 100,000 live births; and to empower all Palestinians in Jordan with the basic knowledge and skills needed for healthy living.

14. The programme formulation process led to the identification of a number of cross-cutting priorities that will form the broad strategic framework for programme cooperation:

(a) In underserved urban areas, the central target of UNICEF interventions will be some 400,000 needy Palestinians residing in urban squatter areas outside the camps;

(b) With regard to linkages and coordination, programmatic linkages with local community-based Palestinian NGOs will be expanded in order to reach low-income squatter areas;

(c) Raising community awareness and the capacity of families with basic knowledge and skills for healthy living will be a major component of all interventions;

(d) Improving the quality of services to children through extensive in-service personnel training, with a particular emphasis on workers from local Palestinian NGOs, will be another critical element;

(e) Improving the information systems and baseline data on Palestinian children and women, and in particular on those in urban squatter areas, will be critical to promoting more informed programming among private sector and government counterparts.

Health

15. The health programme is designed to achieve the following major objectives:

(a) To reduce ARI-related mortality and the incidence of severe and moderate malnutrition among children under five years of age - each by 50 per cent;

(b) To increase to 95 per cent the proportion of women breast-feeding exclusively for four to six months and continuing to breast-feed, with adequate complementary foods, for up to two years;

(c) To reduce diarrhoea-related mortality from 0.5 to 0.3 per 1,000 cases and the average number of episodes from 1.2 to 0.8;

(d) To eliminate measles-related mortality and reduce morbidity by 50 per cent;

(e) To increase the immunization coverage rate to at least 95 per cent among children under one year of age for three doses of combined diphtheria/pertussis/tetanus vaccine, three doses of oral polio vaccine (OPV3) and measles, and to 90 per cent among pregnant women for tetanus toxoid;

(f) To reduce the incidence of anaemia among pregnant and lactating women by 50 per cent.

16. To achieve the above objectives, the programme will comprise control of ARI, child nutrition, safe motherhood, CDD, control of vaccine-preventable diseases and identification and treatment of childhood disabilities. The programme will target the immediate causes of maternal and child mortality and morbidity by providing such essential materials and supplies as paediatric syrups, vaccines, syringes and essential drugs to both UNRWA and NGO clinics and service delivery points. Equally important, the programme will aim at two major groups of underlying causes of child and maternal mortality and morbidity, i.e., household and community perceptions, beliefs and awareness; and the availability, quality and utilization of health services. Interventions directed towards these underlying causes will include extensive social mobilization and community outreach aimed at involving the mass media, community and religious leaders and local NGOs in awareness-raising efforts; in-service training for UNRWA and NGO CHWs and TBAs; support to the development of unified treatment and care protocols; and improvement of reporting systems and baseline data. Special emphasis will be placed on mobilizing assistance and developing systems of outreach for vulnerable non-camp Palestinians concentrated in squatter and poor areas of the Amman-Zarqa and Irbid regions.

Education

17. The education programme will include ECD and formal basic education activities. ECD-related activities will aim to promote optimal cognitive, emotional and psycho-social growth among young children both at home and in the community. UNICEF cooperation will focus primarily on non-formal approaches to promoting early development, and in particular on providing basic knowledge to caregivers on how to promote this development at home. Service coverage objectives will include providing this knowledge to 90 per cent of caregivers. In the formal sector, cooperation will centre on promoting expanded access to kindergarten through community outreach and improving the quality of kindergartens through in-service teacher training. Efforts to improve the quality, efficiency and effectiveness of formal basic education will aim at ensuring that all graduates of the system have the knowledge and life skills necessary to become functional, contributing adults. UNICEF support will focus on improving the relevance of learning through the incorporation of knowledge and skills for healthy living into basic-level school curricula and improving the quality, relevance and scope of in-service teacher training.

Urban family

18. The urban family programme will comprise three components: women in the workforce; the urban child; and community capacity development. The programme

will be targeted towards three critical factors affecting the well-being of urban Palestinian families: the availability of resources at the household level; the psychological effect of urbanization, deprived living conditions and a breakdown in traditional family support networks; and the availability and quality of local social services. The women in the workforce project will be directed towards mitigating the adverse effects of the Gulf crisis on vulnerable Palestinian families through expanding and increasing the viability of income-generating projects for women. The project will seek to address the psycho-social and adjustment problems that have arisen among Palestinian children as a result of rapid urbanization, economic hardship and sudden uprooting through the expansion of school and community counselling services and through enhancing the capacity of families to deal with stress and meet the psycho-social development needs of children. Finally, the community capacity development project will be targeted towards improving the quality and coverage of social services in low-income squatter areas through the establishment of local intersectoral steering committees, linking the Government, local NGOs and community leaders, and charged with developing coordinated integrated strategies for the provision of local social services and for meeting local needs.

Monitoring and evaluation

19. Annual reviews will be conducted during the last quarter of each calendar year, with the participation, as appropriate, of United Nations agencies and other concerned parties. These reviews will form the basis of annual adjustment and resource allocation for the project plans of action. A programme mid-term review, accompanied by relevant evaluative studies, will be undertaken to review the overall trends and progress towards objectives and to reflect upon the effectiveness of strategies adopted. Specifically, UNICEF will support assessments of the extent of and reasons for school drop-outs in Palestinian squatter areas; the impact of income-generating activities on women's skills and on the general health and nutritional status of target mothers and their children; and a study on the location and characteristics of children outside the formal education system. In addition, in order to allow close analysis of the progress of individual projects and to promote intersectoral coordination and participatory planning, joint field trips of UNICEF and project personnel will be undertaken regularly.

Collaboration with local groups and NGOs

20. The Department of Palestinian Affairs within the Ministry of Foreign Affairs will be responsible for overall coordination and supervision of the proposed programme. The Department will be responsible for the clearance, receipt, warehousing and timely distribution of supplies, as well as for accounting for supplies provided to NGOs. The Ministry of Health, UNRWA, the Urban Development Department and numerous NGOs will take primary responsibility for project implementation and follow-up, the details of which will be further elaborated in the various project plans of action to be developed annually by the concerned agencies in conjunction with the Department of Palestinian Affairs and UNICEF.